U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1. File Number U - 045 - 512 ---

3. Name and address of person filing.

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FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Manageme and Budget No. 1215-0188 Expires 11-30-200

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01 /01/2004 Through: 12/31/04

4. Name, file number, and address of labor organization.

Name MARTIN J. Helfers	Name Steam Esters Local 353
	Labor Organization File Number 04/5-5/2
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1820 Hishwood AU	street 6304 W Development Dr
on Pekin	city Peorla
State I C ZIP Code + 4 6/554	State I(1 ZIP Code + 4 6/604
5. Position in labor organization. Recording Secretary	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	Please be advised that based upon
Trade Name, if any:	the Records that are currently in my possession related to the Calendar
P.O. Box, Bldg., Room No., if any	year 2004, it do not have, to the
Street	best of my Knowledge have any See A cm 30 reportable transaction
City	I om filing this form in order to
State ZIP Code + 4	film for 2004 and the prior 5 years
Si	gnature
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UA Local 353 Trust Fund

Trade Name, if any: J, A, T, C,

P.O. Box, Bldg., Room No., if any.

Administrators office.

Street 400 N.E. Jefferson

Sub 108

City Pegria

State IC

ZIP Code +4 61603

Business deals with:

a. Labor Organization

b. Trust

c. Employer

11.a. Nature of such dealing.

Instructor of Appartin and journeyman

11.b. Approximate dollar value of such dealing. # 4, 280.00_

12.a. Nature of interest held or income received.

Attended instructors Training received cash allowered for means + milesse re-intravered

12.b. Amount.

\$1.042.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.a. Nature of payment.

Please be advised that base upon the records that are currently in my possision related to the calendar year. 2004, I do not have, they the heard my Knowledge, have every Sec 10 L-M 30 reportable tromsoctions. I am filing this form in order to quality as port of the DOL Amnesty filing for 200 fame the Prior 5 year, MA

14.b. Amount of payment.